

20 March 2000

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Registration Section  
Division of Corporations  
409 E. Gains St.  
Tallahassee, FL 32399

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-03/24/00--01103--014  
\*\*\*125.00 \*\*\*125.00

Attention: Registration Section

Thank you for your assistance in helping with the formation of this new business venture,  
my personal contact information is listed below.

Michael W. Trevathan  
508 Legume Drive  
Port Orange, FL 32127  
(904) 767-8917

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Thank you

*Michael W. Trevathan*

Michael Trevathan

SL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MAGESTAR ONLINE, LLC

### ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

508 LEGUME DRIVE, PORT ORANGE, FLORIDA, 32127.

### ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

MICHAEL TREVATHAN

Name

508 LEGUME DRIVE

Florida street address (P.O. Box NOT acceptable)

PORT ORANGE FL 32127

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, FS..*

Michael W. Trevathan

Registered Agent's Signature

### ARTICLE IV- Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Michael W. Trevathan

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael W. Trevathan

\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**ARTICLE V- Duration:**

The period of duration for the Limited Liability Company shall be:

Thirty (30) years from the date of filing the Articles of Organization with the Florida Secretary of State, unless sooner dissolved by the members or as provided by state law.

**ARTICLE VI- Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Upon such terms as are unanimously agreed to by all members in the Operating Agreement.

**ARTICLE VII- Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Upon such terms as are unanimously agreed to by all members in the Operating Agreement.

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is:

MAGESTAR ONLINE, LLC

2. The name and the Florida street address of the registered agent are:

MICHAEL TREVATHAN  
NAME

508 LEGUME DRIVE  
Florida street address (P.O. Box NOT ACCEPTABLE)

PORT ORANGE, FLORIDA 32127  
CITY, STATE AND ZIP

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Michael W. Trevathan  
SIGNATURE

\$100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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